

would mean the manufacturer declines to imply any other meaning to the date stated.

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EDITOR'S NOTE: *Unsolicited advice is sometimes worth at least a moment's thought. But somehow green does not seem quite right for "fire, flood, abrasion, traction, compression, etc."*

—MSMW

## Brompton Mixture Taken Intravenously by a Heroin Addict

TO THE EDITOR: We wish to report a case of illicit intravenous use of Brompton mixture in a known heroin addict.

A 38-year-old left-handed man was admitted to hospital because of confusion and lethargy following a sedative drug overdose. The next day his mental status was normal, but he was unable to move his right arm. The patient said that there had been no trauma to the arm, and that there was no pain. On examination there were numerous needle tracks in both arms and the neck. There was diffuse weakness, most severe proximally, of all the muscles of this right arm. There was no atrophy. The muscles of the left arm and both legs were normal. Deep tendon reflexes were absent in the right arm and normal in the left arm and legs. The plantar responses were flexor. Sensation to pinprick was intact, with hyperpathia in the right arm. Position sense, light touch and temperature sensation were diminished in the right hand and arm but normal elsewhere. Our impression was that the patient had acute brachial plexus neuropathy as a complication of intravenous injection of an adulterated opiate solution, a previously reported complication of heroin addiction.<sup>1</sup> However, the patient denied any use of heroin for the past several months. During that time he had administered approximately 30 ml of Brompton mixture twice a day intravenously, most recently using only the right arm.

The patient said he had purchased the solution from a friend with terminal cancer who received the medicine for relief of pain and who had sold it to earn money for his family. The patient stated that his wife and several acquaintances had also switched from daily heroin use to the use of Brompton mixture from the same source because it was cheaper (\$30 per dose versus \$100 per dose of the heroin) and had a more lasting effect.

Standard Brompton mixture contains varying

amounts of morphine, cocaine, alcohol, water and flavoring syrup, and has proved useful in the treatment of pain in patients with cancer.<sup>2</sup> Physicians and others involved in terminal and hospice care should be aware of the possible diversion or resale of Brompton solution to heroin addicts.

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## REFERENCES

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2. Mount BM, Ajemin I, Scott JF: Use of the Brompton mixture in treating the chronic pain of malignant disease. Can Med Assoc J 115:122-124, 1976

## Unusual Pelvic Pain Apparently Cured by Pelvic Examination

TO THE EDITOR: Although this is not a particularly scientific report, I feel that the histories given below are dramatic enough to justify publication in the hope of uncovering more, similar experiences.

Here, at the Oregon State University Student Health Center, in the last two years I have seen three female students who had essentially identical histories of sudden onset of severe lower abdominal pain. The pain was crampy, waxing and waning, and suprapubic in location. It was so severe that they were not able to walk without aid. On abdominal examination in all three there was tenderness in the suprapubic area, most severe somewhat lateral to the midline. Findings on physical examination in all three were normal, except for one-sided severe adnexal tenderness. In all three, during a gingerly but thorough bimanual examination, the pain suddenly and dramatically abated and did not return. In all three cases, the tender adnexal area was being probed at the time of the resolution of the pain.

Neither I nor my gynecologist colleagues can rationalize anatomically what occurred in these three patients that was so dramatically relieved by manipulation. However, it seems clear to me that these three cases are examples of some entity that is easily cured by gentle adnexal manipulation. One reason that this experience may be somewhat rare is that a clinician may be overly gingerly in pelvic examination for fear of rupturing an ovarian cyst or abscess, or stirring up pelvic inflammatory disease.

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